

1. Biographical information

FLORIDA BOARD OF PHARMACY

4052 Bald Cypress Way, Bin C-04 • Tallahassee, FL 32399-3254 Phone: (850) 245-4292 • www.floridaspharmacy.gov

ITEM #4 - INTERNSHIP OR WORK EXPERIENCE FORM (FORM B)

Please print or type legibly.

Applicant Name	Intern/Pharmacist License Number		Phone Number		
Street Address	City			State	Zip
2. Have you submitted an application for the Florida Pharmacist Examination? If yes, please indicate date.					
Yes No	Date				
I HEREBY APPLY FOR INTERNSHIP OR WORK EXPERIENCE CREDIT AS OUTLINED BELOW UNDER THE SUPERVISION OF:					
3. Pharmacy information					
Supervising Pharmacist's Name			License Number		
Pharmacy Name			Permit Number		
Street Address	City		State	Zip	
Phone Number	4. Dates of Experience				
	From://_	To:	_//		
5. Average number of hours per week		6. Total hours of	experience		
(No more than 50 hours per week if you are a student and no more than 60 after graduation is allowed)					
Applicant's Signature		Date			
This report is a correct statement of named pharmacy and are available for				ne records	of the above
Preceptor/Supervisor's Signature		Date			

NOTE: Please check to be sure that you have answered all of the questions above.

PLEASE RETURN THIS FORM TO THE BOARD OFFICE:

FLORIDA BOARD OF PHARMACY 4052 BALD CYPRESS WAY BIN #C-04 TALLAHASSEE, FL 32399-3254